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JAN 1 3 2006

Patent Application Ser. No.: 09/832,753

Ref./Docket No: OPEN-001

Applicant(s): Topolovac, et al.

Examiner.: Cam Y. T. Truong

Filing Date: April 10, 2001

Art Unit: 2162

FAX COVER PAGE

TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

United States Patent and Trademark Office (Examiner Cam Y. T. Truong, Art Unit 2162)

Fax No.:

571-273-8300

DATE:

January 13, 2006

FROM:

Dov Rosenfeld, Reg. No. 38687

RE:

Response to Office Action

Number of pages including cover:

OFFICIAL COMMUNICATION

PLEASE URGENTLY DELIVER A COPY OF THIS RESPONSE TO EXAMINER CAM Y. T. TRUONG, ART UNIT 2162

Certificate of Facsimile Transmission under 37 CFR 1.8

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Date: 13 JAN 06

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JAN 1 3 2006

2002

TRANSMITTAL		Application Number	09/832,	09/832,753		
FORM				1		
(to be used for all correspondence after initial filing)			Filing Date	10 Apr	2001	
			First Named Inventor	Topolo	vac, Michae	ıl
			Group Art Unit	2162	2162	
			Examiner Name	Cam Y	. T. Truong	
		-	Attorney Docket Number	OPEN-	OPEN-001	
				•		
ENCLOSURES (check all that	apply)	ı <u>-</u>	· · · · · · · · · · · · · · · · · · ·	1	46 44	
Fee Transmittal Form			signment Papers or an Application)		to Group	ance Communication
Fee At	ached		awing(s)			mmunication to Board and Interferences
Amendment / Response		Lic	censing-related Papers		• •	mmunication to Group ice, Brief, Reply Brief)
After F	inal	Petition Routing Stip (PTO/SB/69) and Accompanying Petition			Proprietar	y Information
Affidav Affidav	its/declaration(s)		Convert a ovisional Application		Status Let	ter
Extension of Time Reques	st .	Power of Attorney, Revocation Change of Correspondence Address				Enclosure(s) entify below):
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Information Disclosure Statement Sm		mall Entity Statement				
Certified Copy of Priority Document(s)		equest of Refund	st of Refund			
Response to Missing Parts/ Incomplete Application Remarks		5				
Response to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS						
Firm or	Dov Rosenfeld, R	leg. No. 38	3687		~	
Individual name Signature	17	2				
Date Jaway 13, 2006						
ADDRESS FOR CORRESPONDENCE						
Firm Dov Rosenfeld						
or	5507 College Avenue, Suite 2,					
Individual name Oakland, CA 94618, Tel: 510-547-3378						
CERTIFICATE OF FACSIMILE TRANSMISSION						
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Telephone number 571-273-8300 addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 13, 2006						
Type or printed name	Dov Rosenfe	ld, Reg. N	o. 38687			
Signature	Signature Date January 13, 2006				13, 2006	

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Our Ref./Docket No: OPEN-001

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Topolovac, et al.

Application No.: 09/832,753

Filed: April 10, 2001

Title: SYSTEM AND METHOD FOR

MANAGING DATA IN MULTIPLE BILLS OF

MATERIAL OVER A NETWORK

Group Art Unit: 2162

Examiner: Cam Y. T. Truong

TRANSMITTAL: RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to a notice of non-compliant amendment office action for the above referenced application. Included with the response are:

7170	win	rri c	١.
UII 1	will	21.5	

This application has:

X a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

X No additional fee is required.

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D-1-

13 Jan 06

Signed:

Name: Dov Rosenfeld, Reg. No. 38687

S/N 09/832,753 Page 2 OPEN-001

X	condition	ant(s) believe(s) that no Extens nal petition is being made to preently overlooked the need for a	ovide fo	ime is required. However, this or the possibility that applicant has n for an extension of time.	3
	_ Applica	ant(s) hereby petition(s) for an	Extensi	on of Time under 37 CFR 1.136(a)) of
		one months (\$60)		two months (\$225)	
		three months (\$510)		four months (\$795)	
If an	additiona	al extension of time is required	, please	consider this as a petition therefor	:-
	_ A credi	t card payment form for the re-	quired fo	ee(s) is attached.	
<u>X</u>	associate	ed with this communication or	credit a	arge payment of the following fees my overpayment to Deposit Accou NSMITTAL IS ATTACHED):	
	<u>X</u>	Any missing filing fees requiadditional claims.	red unde	er 37 CFR 1.16 for presentation of	,
	<u>X</u>		ition fee	es required under 37 CFR 1.17.	

Doy Resenfeld, Reg. No. 38687

Respectfully Submitted,

Dov Rosenfeld

5507 College Avenue, Suite 2,

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Applicant(s): Topolovac, et al.

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Dear	('Ami	mics	inn	er.

	nitted herewith is a response to a notice of non-compliant amendment office action for ove referenced application. Included with the response are:
	drawing(s);
This ap	oplication has:
<u>X</u>	a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.
<u>×</u>	No additional fee is required.

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Signed:

Name: Dov Rosenfeld, Reg. No. 38687

S/N 09/832,753 Page 2 OPEN-001

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time. Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of: ____ two months (\$225) _____ one months (\$60) three months (\$510) ____ four months (\$795) If an additional extension of time is required, please consider this as a petition therefor. X A credit card payment form for the required fee(s) is attached. X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED): X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims. X Any missing extension or petition fees required under 37 CFR 1.17. Respectfully Submitted,

Address for correspondence:

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